



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E302179**

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FROM TO 5 1 33

FROM TO

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INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-00193
LOCAL AGENCY CODING	
TOTAL # OF UNITS	01
OBJECT STRUCK	TREE OR STUMP

DATE OF COLLISION	01 - 22 - 2014	TIME (2400)	0754	COUNTY #	31	MILES		N	E	IN	0664
ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>											

83RD DR SE	BLOCK NO.	100	MILE POST	
DISTANCE		MILES		OF (REFERENCE OR CROSS STREET)
		FEET		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
LAST NAME ROTHERICK FIRST NAME AMANDA MIDDLE INITIAL J				

STREET NEW ADDRESS	532 115TH AVE SE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	ROTHEA J305PK	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	10 - 12 - 1970
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ON DUTY	STATUS	AIRBAG	3	RESTR	4	EJECT	1	HELMET USE	INJURY CLASS	7	NATURE OF INJURIES	SORENESS TO FACE
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LICENSE PLATE #	ABR4069	STATE	WA	VIN#	JT8UF11E6P0182960
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	1993	MAKE	LEXS	MODEL	LS 400	STYLE	4T	VEHICLE TOWED	YES	NO	TOWED BY	GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO.	LIABILITY INSURANCE	IN EFFECT	INSURANCE CO & POLICY #	CITATION #	CHARGE
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VEHICLE LEGALLY STANDING	YES	NO	UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET	PHONE
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LAST NAME		FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX		D.O.B.	MMDDYYYY			
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ON DUTY	STATUS	AIRBAG		RESTR		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
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LICENSE PLATE #		STATE		VIN#	
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR		MAKE		MODEL		STYLE		VEHICLE TOWED	YES	NO	TOWED BY	GOVT. VEHICLE	YES	NO
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REGISTERED OWNER INFO.	LIABILITY INSURANCE	IN EFFECT	INSURANCE CO & POLICY #	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	DENNIS IRWIN	BADGE OR ID #	105	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E302179**

CASE # **14-00193**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY		-		-		-	
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY		-		-		-	
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	
NAME (LAST, FIRST, MIDDLE INITIAL)										SEX		D.O.B. MMDDYYYY		-		-		-	
ADDRESS & PHONE #																			
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES	

NARRATIVE

UNIT #1 was northbound on the 100 block of 83rd Dr SE and claimed a cat ran out onto the roadway.

UNIT #1 swerved (east direction) and struck the raised curb and partially left the roadway. UNIT #1 continued northbound along the raised curb and struck a large tree. The momentum of the vehicle caused the vehicle to spin (to the west) and re-enter the roadway, coming to a stop in the roadway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

01-22-14 09:23 AM

DATED

PLACE SIGNED

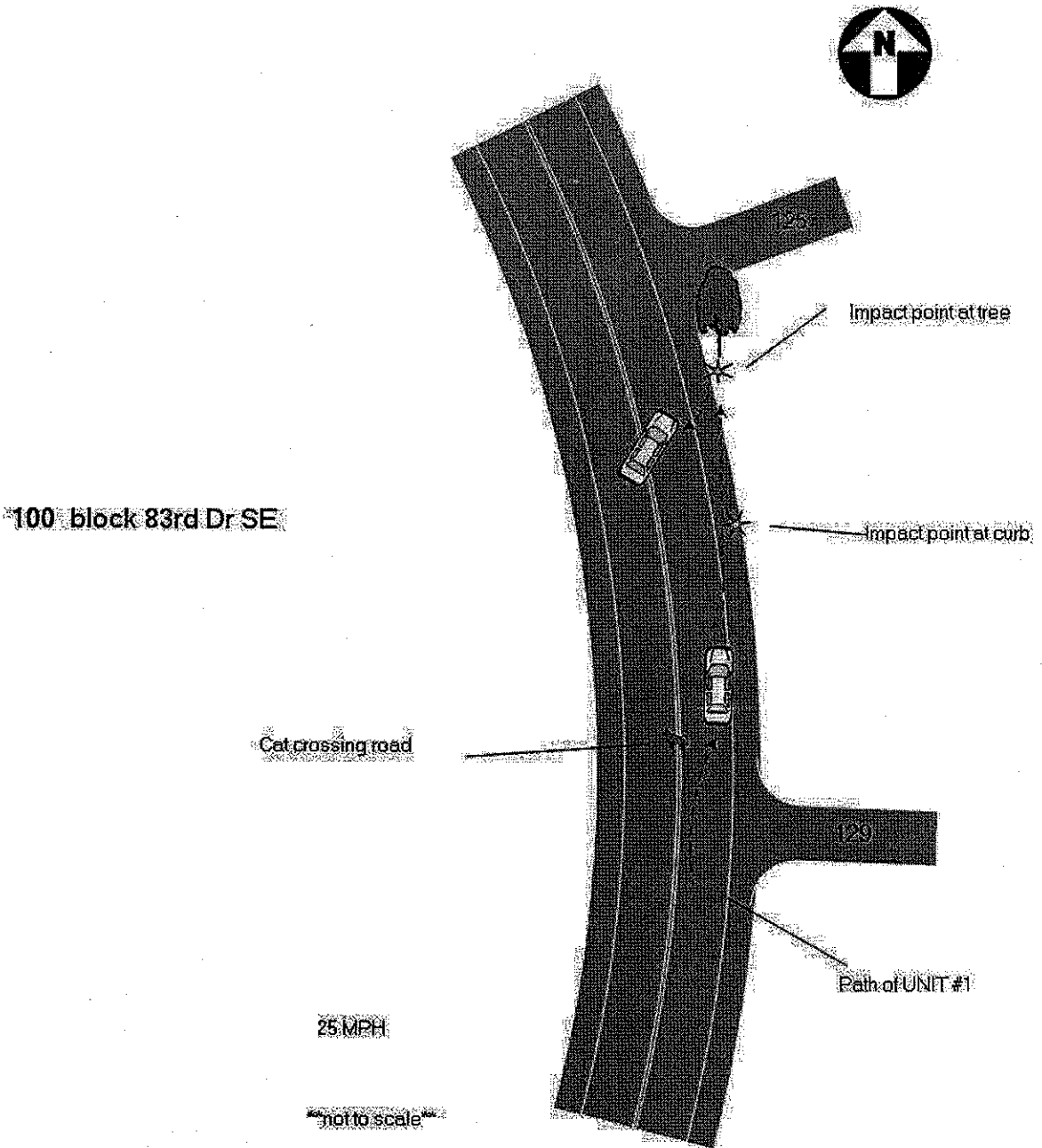
APPROVED BY

ROBERT MINER 095

DATE

1/24/2014 1:53:55 AM

BADGE OR ID #	105	ORI #	WA0311900	TIME POLICE DISPATCHED	7:55 AM	TIME POLICE ARRIVED	7:58 AM
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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Rothnick, Amanda Jane	RACE W	ETH C	SEX F	DOB 10/12/70	AGE 43	HGT 5'7"	WGT 120	HAIR BRN	EYES GRN
STREET ADDRESS 1127 79th Ave SE		CITY Lake Stevens			STATE WA		ZIP 98258		RES. STATUS Rental	
HOME PHONE (425) 879-9666		CELL PHONE (425) 876-9666			PLACE OF EMPLOYMENT					
WORK PHONE —		EMAIL ADDRESS arothnick2013@gmail.com								

I, Amanda Rothnick, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling north bound on 83rd Ave when a almost black cat ran out in front of me. I quickly moved to the east to avoid cat and ended up turning to head and ended up hitting the mid section of my car on the lower half of the tree.

LEAD ORIGINAL

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Amanda J Rothnick</u>	DATE SIGNED 1/22/2014	LOCATION SIGNED Lake Stevens WA 98258
OFFICER/NUMBER: #105	DATE SIGNED 01/22/14	LOCATION SIGNED LAKE STEVENS, WA

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service, and education"

PAGE 1 OF 1

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number DIAMON #105		Case Number 14-00193	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: COLLISION		Date/Time: 01/22/14	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # DI-1	Item CD CONTAINING DIGITAL		Storage Location	Disposition				
	Brand/Model/Caliber IMAGES OF VEHICLE / SCENE							
	Serial #	Where Found			Weight of Narcotic			
Action # 3								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Storage Location	Disposition				
	Brand/Model/Caliber							
	Serial #	Where Found			Weight of Narcotic			
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Storage Location	Disposition				
	Brand/Model/Caliber							
	Serial #	Where Found			Weight of Narcotic			
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Storage Location	Disposition				
	Brand/Model/Caliber							
	Serial #	Where Found			Weight of Narcotic			
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Item #	Item		Storage Location	Disposition				
	Brand/Model/Caliber							
	Serial #	Where Found			Weight of Narcotic			
Action #								
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions								

Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____		NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____		NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File

Closed 01/22/14 09:05:45

Loc: 125 83 DR SE , LKS btwn 1 ST SE & 1 PL SE (V)

Phone: 2067798565

/0755	(SP0036)	ENTRY		, CAR TREE MVA
/0755	(SP0147)	DISPER	19D2	#SS105 IRWIN, OFFICER (DENNIS)
/0757	(SP0036)	SUPP		NAM: JOHNSON, MICHAEL,
				PHO: 2067798565,
				TXT: C/BN 43 YOF, FACIAL INJURY
/0759	(SP0147)	ONSCNE	19D2	
/0800		MISC	19D2	, AID CAN SLOW DOWN, CABN
/0800		SUPP		TXT: AID CAN SLOW DOWN, PT IS CABN
/0802		ASSTER	19D1	[125 83 DR SE , LKS]
				#SS104 LAMBIER, OFFICER (JEFF)
/0806	(SS104)	*ONSCNE	19D1	
/0807		CLEAR	19D1	
/0808	(SS105)	REMINQ	19D2	MDTVEH, ABR4069, , WA, , , , , , , , , ,
/0808		REMINQ	19D2	MDTWANT, , , , , , WA, ROTHEAJ305PK, , , , , , , , , ,
/0817	(SP0147)	ROTREQ	19D2	TOW 5264 LKS GRANITE FALLS TOWING
				3606917666 , LEXUS WITH FRONT END DAMAGE ABR40
				69
/0817	(*****)	REMINQ	19D2	ABR4069
/0817	(SP0147)	REMINQ	19D2	LIC, 19D2, ABR4069, , ,
/0818		MISC	19D2	, GRANITE FALLS TOW ENR
/0820		ASNCAS	19D2	\$SS14000193
/0852		MISC	19D2	, TOW ON SCENE
/0905		CLEAR	19D2	D/H
/0905		CLOSE	19D2	